

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>CASITAS AFH</b>	LICENSE NUMBER <b>91702</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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### About the Home

#### 1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

**CASITAS AFH is an adult home and an alternative for anyone who needs a safe place. We will provide daily care and medical services for our residents. We will designate a bedroom for your loved one that is spacious enough to accommodate the furnishings you wish to bring with you at move-in as well. We have a comfortable home where the owner/operator is a certified home care aide.**

#### 2. INITIAL LICENSING DATE

**04/01/2005**

#### 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

**n/a**

#### 4. SAME ADDRESS PREVIOUSLY LICENSED AS:

**1901 Hanover Drive SE Lacey, WA 98503**

#### 5. OWNERSHIP

- ☒ Sole proprietor  
☐ Limited Liability Corporation  
☐ Co-owned by:  
☐ Other:

## Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

### 1. EATING

If needed, the home may provide assistance with eating as follows:

**Shop for groceries and prepare meals. Offer special dietary needs. Cut foods as needed. Also assist with eating if needed.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**Monitor pericare supply and replace as needed. Staff will direct/assist the client as needed. Staff will ensure the restrooms are clean and sanitary at all times.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**Monitor for any safety needs in and around the facility during mobility. Direct and orient clients around the the facility if not familiar with the area.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**Direct and assist clients to bed. For safety, we will observe for episodes of dizziness, weakness, confusion, or disorientation.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**Direct and assist with positioning as needed. For safety, we will observe for episodes of dizziness, weakness, confusion or disorientation. The staff will also watch for obvious sores.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**The staff will provide assistance with personal hygiene by assisting and cuing when needed. We will monitor the supplies to make sure there is ample hygiene products available for the residents.**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**The staff will monitor clothes for cleanliness. We will also make sure the clothes they wear are appropriate for the weather and occasion. We can also assist with laying out their clothes if needed. The facility will make sure the clients' clothes are laundered regularly.**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**The staff will setup the bathroom and remind the residents to shower regularly. The staff will remain in the shower throughout the shower for safety. The facility will monitor the bathrooms for cleanliness regularly.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Our facility takes pride in making sure the residents' personal needs are met.**

## Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally

authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**This facility will assist with the residents' self administration and self medication. The staff will make sure each resident has a medication log that will be updated regularly.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**If needed, the facility will make sure each staff is trained with nursing delegation.**

#### Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

**This facility will hire or contract with a nurse to provide nursing care and service if or when it is needed.**

The home has the ability to provide the following skilled nursing services by delegation:

**This facility will hire or contract with a nurse to provide nursing care and service if or when it is needed.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

#### Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☒ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

#### Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☐ Registered nurse, days and times: \_\_\_\_\_
- ☐ Licensed practical nurse, days and times: \_\_\_\_\_
- ☒ Certified nursing assistant or long term care workers, days and times: **24 hours/7 days a week**
- ☒ Awake staff at night
- ☐ Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

**This facility will always have a staff available at all times.**

#### Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

**This facility welcomes all cultural and ethnic backgrounds and will provide meals that will accommodate them.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

#### Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

- ☐ The home is a private pay facility and does not accept Medicaid payments.
- ☒ The home will accept Medicaid payments under the following conditions:

ADDITIONAL COMMENTS REGARDING MEDICAID

**CASITAS AFH does accept conversion from private pay to Medicaid with ample notice.**

#### Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**This facility will encourage each resident to be involved with any activities they are willing to do or join. We will also provide reading materials such as books, magazines, and newspaper. We will coordinate birthday parties, holiday parties, and hold sing alongs. Walks around the neighborhood is also encouraged.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

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